Corporation for National and Community Service

2010 Social Innovation Fund

Missouri Foundation for Health

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2010 Social Innovation Fund

Missouri Foundation for Health

Section 1 – Application

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

Modified Standard Form 424 (Rev.02/07 to confirm to the Corporation's eGrants System)

1. TYPE OF SUBMISSION:
Application [X] Non-Construction

2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:
04/08/10		N/A
2b. APPLICATION ID:	4. DATE RECEIVED BY FEDERAL AGENCY:	FEDERAL IDENTIFIER:
10SI115969	04/08/10	10SIHMO001

5. APPLICATION INFORMATION

LEGAL NAME: Missouri Foundation for Health

DUNS NUMBER: 105174846

ADDRESS (give street address, city, state, zip code and county):
1000 Saint Louis Union Station
Suite 400
St. Louis MO 63103 - 2269
County:

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):

NAME: Amy S. Hessel

TELEPHONE NUMBER: (314) 345-5540

FAX NUMBER: (314) 345-5599

INTERNET E-MAIL ADDRESS: astringerhessel@mffh.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
431880952

7. TYPE OF APPLICANT:
7a. Other
7b.

8. TYPE OF APPLICATION (Check appropriate box).

[X] NEW [ ] NEW/PREVIOUS GRANTEE

[ ] CONTINUATION [ ] AMENDMENT

If Amendment, enter appropriate letter(s) in box(es): [ ] [ ]

A. AUGMENTATION B. BUDGET REVISION

C. NO COST EXTENSION D. OTHER *(specify below):*

9. NAME OF FEDERAL AGENCY:
Corporation for National and Community Service

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:94.019

10b. TITLE: Social Innovation Fund

11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
MFH SIF 2010

11.b. CNCS PROGRAM INITIATIVE (IF ANY):
SIF - Geographic Healthy Futures

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):
All counties and cities in the state of Missouri.

13. PROPOSED PROJECT: START DATE: 09/01/10 END DATE: 08/31/11

14. CONGRESSIONAL DISTRICT OF: a.Applicant MO 001 b.Program MO 001

15. ESTIMATED FUNDING: Year #: 1

a. FEDERAL	$ 2,051,314.00
b. APPLICANT	$ 2,051,314.00
c. STATE	$ 0.00
d. LOCAL	$ 0.00
e. OTHER	$ 0.00
f. PROGRAM INCOME	$ 0.00
g. TOTAL	$ 4,102,628.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

[ ] YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE:

[X] NO. PROGRAM IS NOT COVERED BY E.O. 12372

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

[ ] YES if "Yes," attach an explanation. [X] NO

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:	b. TITLE:	c. TELEPHONE NUMBER:
James Kimmey	President & CEO	(314) 345-5500

d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:	e. DATE SIGNED:
	06/30/10

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Executive Summary

MISSOURI FOUNDATION FOR HEALTH

Sole intermediary:Missouri Foundation for Health (MFH)

Collaborative Partners:N/A

Geographically-based SIF (Healthy Futures) targeting 10 to 20 communities across Missouri

Requested grant amount:$1,000,000 (September 1, 2010 to August 31. 2011)

Pre-selected subgrantees:No

MFH is proposing a new funding program, Strategic Innovation in Missouri (SIM), to invest in 10 to 20 targeted low-income, high-need communities in the state. The goal of SIM is to improve the health of Missourians by reducing risk factors and prevalence of the two most preventable causes of chronic disease, tobacco use and obesity. To achieve this goal, a team of qualified MFH staff will be created to administer a competitive application process based on expansion and replication of the Community Health Improvement (CHI) model across Missouri. CHI is an integrated community change model blending two transformative models of prevention, one in obesity prevention and the second in tobacco control.

MFH was established in 2000 and has been administering competitive grant processes for eight years. MFH began targeted funding in the areas of tobacco control and obesity prevention in 2004 through two distinct funding programs, which have disbursed grant awards to more than 50 communities and reached more than 250,000 Missourians. The SIM funding program will merge the knowledge and experience gained from these funding efforts. It will administer a single funding program that will support dissemination of transformative approaches across Missouri and reduce risk factors of chronic disease.

The SIM team will administer a competitive subgrantee selection process within six months of receipt of SIF intermediary grant funds. The selection process will occur in two phases: a Request for Concept Papers, followed by an invitation for 10 to 20 communities across Missouri to submit full proposals.

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Successful applicants will present comprehensive project plans integrating the CHI model in low-income, high-need communities with appropriate levels of readiness, collaboration, and ability to engage in replication activities.

Once subgrantees are selected, MFH will support the implementation of proposed plans, beginning in year one and continuing support for up to five years. Technical assistance will be provided by skilled contractors with experience in transformative, community-based approaches. MFH will conduct a mixed-method evaluation based on identified metrics and significant investments in evaluation technical assistance, skill building workshops, advocacy trainings and dissemination technical assistance.

ORGANIZATIONAL CAPACITY

Organizational net assets:$979.9 million

Annual grants budget:$42.54 million

Number of staff:43

MFH consists of five departmental areas: program, operations, health policy, communications, and evaluation. All work toward the organizational vision of improving the health of the people in the communities MFH serves. A primary mechanism for achieving this vision is targeted grantmaking through ten health-related funding programs administered by a cross-functional team representing each area of MFH. Grantee monitoring is conducted through semi-annual interim reporting processes, which include standard programmatic and fiscal questions as well as site visits conducted by MFH staff. Three grants managers provide fiscal oversight of all grant award agreements and grantee budgets.

COST-EFFECTIVENESS AND BUDGET ADEQUACY

Amount of requested federal funds to be subgranted:$828,958 (82.9%)

Intermediary match:1:1

Major sources of matching funds:N/A

MFH will provide all required match funds. No additional sources are needed.

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The proposed budget includes three primary areas of funding: salaries and benefits, travel, and contractual and consultant services. Salary and benefit expenses will cover staff time and benefits for those who will administer the newly implemented SIM funding team. Travel costs include appropriate expenses to conduct two MFH staff visits to each SIM subgrantee in the first year of funding and meetings associated with intermediary grantee requirements. Contractual and consultant services will support technical assistance contractors who have expertise in implementation of transformative community-based approaches and external evaluation contractors. All aspects of the budget directly align with the SIM funding program design.

Program Design

GOALS AND OBJECTIVES: Missouri Foundation for Health (MFH) was created in 2000 following the conversion of Blue Cross Blue Shield of Missouri (BCBSMo) from nonprofit to for-profit status. Today, MFH is the largest health care foundation in the state and is among the largest of its kind in the nation. MFH's vision is to improve the health of the people it serves and to empower them to achieve equal access to quality health services that promote prevention and encourage healthy behaviors. MFH supports activities that achieve objectively measurable improvements in the health of Missouri's citizens, particularly the health of underserved, uninsured and underinsured populations.

As of 2009, Missouri had an estimated population of 5,987,580, a 7% increase from the 2000 census. Missouri mirrors the demographic, economic and political makeup of the nation, with a mix of urban and rural cultures. Slightly more than half of the state's population resides in its two large metropolitan areas; St. Louis and Kansas City; the state also has extensive rural areas with low population density and limited health services. Despite major health resources in metropolitan areas, Missouri has severe shortages of health resources in its rural communities. Of 114 counties in the state, 109 are designated as Health Professional Shortage Areas (HPSAs) by the Health Resources and Services Administration (HRSA).

MFH has considerable experience working with rural and urban areas of Missouri through its existing

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funding programs, with an emphasis on counties and communities with the largest proportions of poor and underserved residents. In addition to access to care issues, these communities are impacted by multiple social determinants of health that affect their health outcomes. According to the 2006-2008 American Community Survey for Missouri, 85.6% of residents age 25 and above are high school graduates, with 24.5% reporting a bachelor's degree or higher. More than 13% of Missourians live below the federal poverty level. The estimated state per capita income in 2008 inflation-adjusted dollars was $24,760, lower than the national average.

MFH serves 84 counties and the City of St. Louis, the same geographic area served by BCBSMo prior to its conversion. This incorporates approximately 75% of the state of Missouri. Through a geographically-based SIF grant, MFH proposes to extend grantmaking and target low-income, high-need communities across the state by implementing a new funding program, Strategic Innovation in Missouri (SIM) that will expand the MFH coverage area and ensure any interested Missouri community can apply for funding.

The goal of SIM is to integrate and expand the transformative work MFH has supported in obesity prevention and tobacco control through community-based implementation of an integrated prevention model, Community Health Improvement (CHI). Given obesity and tobacco use are the leading preventable causes of death and chronic disease, communities will be well positioned to replicate change in Missouri through place-based funding in selected communities to reduce risk factors leading to disease and improve the health and lifestyles of residents. MFH anticipates distributing SIF funding in 10 to 20 communities across Missouri that demonstrate sufficient need, and the ability and resources to replicate and expand CHI to improve the health of residents in their communities.

MFH proposes to disseminate the CHI model in rural, urban and suburban settings to empower communities to support and promote healthy lifestyles. CHI has been developed from an integration of two successful community engagement and action models, Healthy Vibrant and Active Communities (HVAC) and Support for Local Tobacco Policy Change (SLTPC). These models have documented strong

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and promising evidence and have been used in MFH's groundbreaking work to address obesity and tobacco control. They have been replicated in rural, urban and suburban communities.

The HVAC model uses community engagement and community development to implement policy and environmental changes and build healthy social networks to address obesity. HVAC is focused on low-income and at-risk communities, with activities tailored to complement the unique assets, needs, and interests of the respective community. The SLTPC model uses similar community assessment and engagement activities, and focuses efforts on public education, advocacy, and building community support for policy change in a geographic region. By integrating the principles and practices of these models CHI focuses on improving the overall health of a community.

MFH has been committed to obesity and tobacco prevention efforts due to the prevalence of these health concerns across the state. Nearly $1.6 billion in annual health costs in Missouri are associated with adult obesity, and Missouri is the 13th most obese state in the U.S., with adult obesity rates increasing annually for the past three years. Nearly half (48.2%) of Missouri children in poor families are overweight or obese. The prevalence rate for poor children is more than double that of children in higher-income families. Missouri schools do not have student meal nutritional standards that exceed USDA requirements, and there are no nutritional standards for foods sold through vending machines, school stores or school bake sales. Specific to tobacco, more than 1.1 million adults and 88,000 youth in Missouri currently use tobacco products, while more than 9,300 Missourians die annually from tobacco-related diseases. Missouri has the 4th highest smoking rate in the nation, with 24.8% of adults currently using tobacco products. This rate has remained constant compared to national trends and other states, due to a lack of policies and activities to address tobacco use. Missouri ranks second to last in funding for state tobacco control programs, and 49th in tobacco excise taxes ($0.17/pack). Only 6% of the population is protected from indoor exposure to secondhand smoke. Annually, Missouri spends $2.24 billion (including $532 million in state Medicaid) to treat smoking-related illnesses, and $10.1 million to care for newborns affected by smoking during pregnancy. MFH anticipates this geographically-based

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SIM program can lead to a significant transformation in selected communities across Missouri, positively impacting the health of residents.

To document healthy lifestyle improvements and a reduction in risk factors, and to replicate this model across the state, MFH anticipates measuring short-, intermediate-, and long-term impact through evaluation of multiple indicators regularly collected by MFH and the Missouri Department of Health and Senior Services (MDHSS). Measurable outcomes of SIM include:

Short-term: Increased healthy policy changes in targeted communities; increased access to services for community residents; increased understanding of health effects and preventive activities; and expansion of CHI into identified subgrantee communities. Intermediate-term: Decrease in current smoking rates and exposure to indoor tobacco smoke; increased physical activity; and increased rates for consumption of five fruits and vegetables per day. Long-term: Decreased rates of diabetes, asthma, and high blood pressure; decreased reports of fair or poor health status; and replication of CHI in additional communities in Missouri.

SIM subgrantee program plans will include associated activities and objectives to meet the parameters of the SIM funding program and achieve the identified outcomes in their communities. Short-term outcomes focus on community change indicators gathered predominantly through grantee performance evaluation monitoring, including interim reports and site visits with MFH staff. MFH staff will monitor the expansion of the CHI model through regional visits and reporting mechanisms for distribution of grant dollars. Intermediate- and long-term outcomes will be evaluated using surveillance data and secondary data sets. MFH has extensive experience in identifying, collecting, and using relevant data to assess the connections between program investments and health outcomes. This transformative approach will use many of these systems to identify high-risk and high-need communities in Missouri; measure levels of readiness to make change; establish program baselines; measure progress toward program goals; and determine if program outcomes are achieved. The sources and types of data used in MFH's approach include multiple statewide surveillance and health assessment systems; community-

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level evaluation tools; and independent data sets that describe the needs of communities.

A primary resource for data is the Missouri County-Level Study of Adult Tobacco Use and Related Chronic Conditions and Practices (CLS). In 2007, MFH partnered with the Missouri Department of Health and Senior Services to conduct the largest health assessment in state history (50,000 respondents). This data set is a catalyst for change in Missouri, identifying and describing the health of communities to better inform health professionals and policymakers. It includes multiple indicators related to health practices, tobacco use, physical activity, and access to care. Indicators from the CLS are included in the intermediate- and long-term outcomes of the SIM funding program. SIM outcomes will be monitored through the administration of surveys similar to those used in the CLS.

MFH will deploy the Strength of Community Health Programming Index (SCHPI), an index developed by MFH in partnership with Washington University in St. Louis through work completed in tobacco control. It is designed to measure multiple program efforts across public health programs, and link them to health outcomes. SCHPI is comprised of three constructs -- depth, breadth, and quality focused on measuring levels of program activity; variety of activities; and the strength of efforts in a community. The SCHPI is also an effective tool for identifying gaps in activities and funding by allowing for comparisons among program sites, and identification of factors that lead to successful outcomes.

MFH has also supported development of the Statewide Local Policy Assessment (SLPA) in collaboration with researchers at the Obesity Prevention and Policy Research Center at Washington University in St. Louis. SLPA is a geographically representative baseline of existing local policies on healthy eating and physical activity. It identifies areas throughout Missouri with strong policy environments for impacting healthy lifestyles.

Lastly, MFH will monitor and evaluate change and impact through the Missouri Convergence Partnership GIS (MCPGIS) to identify trends, patterns, and the relationship to health outcomes overtime. MCPGIS is an assessment and mapping instrument developed in Missouri through support from MFH. This innovative mapping and assessment instrument has the capacity to overlay chronic

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disease rate maps with other sources depicting income, race, education and poverty to illustrate how factors intersect. The MCPGIS system will be used to inform reviewers about communities during the competitive subgrantee selection process and for monitoring of intermediate- and long-term outcomes.

SIM will integrate years of lessons learned and leverage the strengths of MFH programming to achieve its goal of integrating and expanding transformative work completed to date in the areas of obesity prevention and tobacco control. MFH has been working in these fields since 2004 through two funding programs, Healthy & Active Communities (H&AC) and the Tobacco Prevention and Cessation Initiative (TPCI). These are MFH's oldest and largest funding programs. Through MFH work in these areas, more than 250,000 Missourians have been reached and 215 local policies have been changed. These grantmaking efforts have included rigorous evaluation and capacity-building activities.

Evaluation results from the work of H&AC and TPCI have demonstrated policy activities are by far the most effective means to address change in a community. Ensuring walkable communities, access to healthy foods, and eliminating exposure to indoor tobacco smoke have immediate and lasting health effects. Experience from these funding areas has proven any activity in isolation is less effective than the combined impact of multiple layers of effort, including prevention activities, programming to support behavior change, and messaging to expand public education. These funding programs have shown that the greatest change occurs with full community buy-in and support. As SIM is a placed-based, or geographically based, funding approach, there is expanded opportunity for community participation and replication in additional communities in the future.

The proposed SIM funding program aligns with current MFH systems and approaches. MFH is focused on making strategic funding decisions that lead to high-impact and replicable change efforts demonstrating evidence of improved health. SIM will expand these efforts with an emphasis on community wellness, prevention and use of innovative and proven local models in conjunction with evaluation and capacity-building supports to aid in ensuring replication of health improvements.

USE OF EVIDENCE

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MFH uses a theory-based approach in its program implementation, review and evaluation processes. Program theory-based evaluation assesses the links between interventions and desired outcomes. MFH currently supports 10 health-related funding programs, each developed on the recommendation of the MFH Board of Directors in response to a needs assessment of the service region. MFH staff identify best practices in programming and evidence-supported interventions that can be replicated in Missouri. MFH staff then develops a program theory for the selected funding area, including potential activities to be funded by MFH in support of identified outcomes. Following this process, applications are sought from the community. Each applicant submits a project plan with the application. The plan includes measurable outcomes and associated activities based on program theory.

MFH programs are assessed through two levels of evaluation. Each grantee conducts internal evaluations. Interim and final reports from grantees address progress toward milestones, process issues, and proximal outcomes. Additionally, each MFH funding program engages an external evaluator to assess the process and outcomes of the overall program. Examples of external evaluation reports for the obesity prevention and tobacco control funding programs at MFH can be found here:

TPCI report: http://mec.wustl.edu/pdfs/TPCI%20Phase%201%20Report.pdf

H&AC Final Report:

http://www.mffh.org/mm/files/Findings%20from%20Year%20Three%20of%20the%20External%20Evaluation%20of%20the%20HAC%20Initiative.pdf

MFH applies evaluation results produced by programs to shape funding priorities, make course corrections, and determine if anticipated outcomes have been achieved. In the H&AC program, organizations demonstrating success in the first grant cycle administered in 2005 were invited to apply for subsequent years of funding through the Model Practice Building (MPB) program. MPB's intent is to strengthen the evidence base of replicable obesity prevention approaches. Successful MPB applicants showed quantitative and qualitative evidence of success; active collaborations; replicable program elements; and elements of sustainability. From the original 13 grantees, 19 received MPB funding as they

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demonstrated a positive change toward prevention of obesity.

TPCI uses evaluation results to improve program outcomes and implement more effective activities. The TPCI Community Grant program began with a focus on workplace cessation and youth prevention activities. Three program models were used and rigorously evaluated over a three-year period. Based on evaluation findings, TPCI engaged in a comprehensive program review and planning process. As a result, the funding program was altered to focus on community-based change, with all grantee efforts targeting policy change strategies for prevention or cessation programming.

MFH evaluations focus on process and outcomes. Outputs and other process-focused measurement make up the majority of the evaluative activity. MFH conducts competitive selection processes to contract with external evaluators to focus on issues such as sustainability of programming, network analysis, and organizational change. These evaluations have informed the criteria for funding program design, evaluation of applications, and capacity building with current MFH grantees. Evaluation contractors and MFH have been recognized, both regionally and nationally. Dissemination of findings to various stakeholders is integrated into every evaluation. Reports are shared with each grantee, MFH staff, its Board of Directors, other funders, program developers, evaluators, and the general public. Grantees participate in yearly conferences with external evaluators and MFH staff to review evaluation findings and discuss program improvement.

TPCI and H&AC evaluations has been presented at conferences of the American Public Health Association, American Evaluation Association, Active Living Research, Grantmakers in Health, the inaugural Healthy Eating Active Living Convergence, National Conference on Tobacco or Health, and the Southern Obesity Summit. MFH grantees have presented program and evaluation information at American Public Health Association and American School Health Association conferences, and at the Centers for Disease Control's inaugural Weight of the Nation conference. Finally, MFH staff and Board members have presented reports to the American Evaluation Association, and at a health literacy conference at Oxford University (http://www.inter-disciplinary.net/wp-

content/uploads/2009/06/ross-paper.pdf).

COMMUNITY RESOURCES

MFH is committed to expanding its relationships with community stakeholders. Primary community resources include partnerships with major universities and research centers (Washington University in St. Louis, University of Missouri-Columbia, University of Missouri-St. Louis, RAND Corporation); national organizations (American Legacy Foundation, Tobacco Technical Assistance Consortium, American Nonsmokers' Rights Foundation, American Legacy Foundation); statewide coalitions (Missouri Convergence Partnership, Missouri Council for Activity and Nutrition, Tobacco-Free Missouri); governmental bodies (Missouri Department of Health and Senior Services); other area foundations (Incarnate Word Foundation, Healthcare Foundation of Greater Kansas City, Gateway Center for Giving, Deaconess Foundation); nonprofit organizations (Nonprofit Services Center); youth advocates; and MFH grantees that represent local communities.

As detailed in the Cost-Effectiveness and Budget Adequacy section, MFH has sufficient funds to meet the 1:1 match required by intermediary applicants. To assist SIM subgrantees to find sources for their required match amounts, MFH continues to cultivate a rapport with community partners, including the private sector, other foundations and the business community. At the time of submission, fifteen organizations across the state have demonstrated interest in serving as match resources for SIM subgrantees to contact for the required subgrantee match requirement. MFH also has an ongoing commitment to providing technical assistance for community leaders and organizations to enhance their fund-raising capabilities. H&AC and TPCI grantees alone have secured more than $4 million in state, private and federal funding to expand and sustain local efforts to reduce risk factors for chronic disease in the areas of obesity prevention and tobacco control.

MFH uses relationships with community partners as one method of disseminating information about its funding opportunities. The same process will occur with this proposed funding program to ensure communities across the state are notified of the SIM competitive subgrantee selection process.

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Information will include details about the funding opportunity, eligibility requirements, application process and review criteria.

DESCRIPTION OF ACTIVITIES

Through the SIM program, MFH proposes to support low-income, high-need communities in their efforts to address tobacco use and obesity. Since 2004, MFH has supported interventions addressing these parallel chronic disease indicators. SIM provides an opportunity to align the goals and impact of these funding programs and expand their impact for sustainable change and improved health.

The selection process for subgrantees will occur in two phases and will be completed within six months of receipt of intermediary grant award. Phase I is release of a Request for Concept Papers. The concept paper allows applicants to define their target communities using available data; outline broad project goals; identify multi-sectoral partners and their roles; substantiate their experience and expertise to manage a project; and describe community readiness for change. Concept papers will be reviewed by a cross-functional MFH staff team that includes representatives from its program, evaluation, policy, communications and operations areas. During Phase I, community readiness will be assessed across key dimensions including leadership, community climate, community knowledge, and resources.

Applicants will submit a community needs assessment to identify local knowledge, perceptions and obstacles to healthy lives. A technical advisor will assist in the development of pre-application workshops that guide applicants through the steps of each assessment.

In addition to applicants' concept papers, MFH staff will use objective, baseline data to identify "hot spots" around the state that have a high need and high potential for change and therefore will emerge as geographic priority areas. Furthermore, staff of the SIM funding team will use the Statewide Local Policy Assessment and Missouri Convergence Partnership GIS instruments outlined in the Goals and Objectives section to identify areas that have a track record of community policy change and the County-Level Study to provide data on key project indicators throughout Missouri's counties. Using the indicators and evaluation criteria detailed above, 10 to 20 communities will be invited to submit full

proposals.

Successful concept paper applicants will be invited to submit full proposals and attend a pre-application conference. Full proposals will require a comprehensive project plan that includes project goals and objectives, supporting activities, products, measurements, methods, responsibilities, and a timeline. This plan becomes the central piece of awarded contracts and helps keep grantees accountable and on track in reaching project objectives. The project plan must demonstrate coordinated environmental and policy change interventions, a requirement grounded in chronic disease prevention literature.

Applicants will receive technical assistance from a skilled contractor. The contractor will provide guidance on planning for a community task force and educating on best practices in obesity and tobacco. Applicants will receive guidance on internal project evaluation plans to ensure objectives are specific, measurable, achievable, relevant and time-bound. Subgrantee objectives will align with the measurable outcomes MFH will track as part of the SIM funding program, outlined in the Goals and Objectives section of this application.

MFH typically uses advisory teams of experts in the field; grantees; leaders in the state; and externally contracted evaluation team members during application review processes. This approach will be used during the SIM competitive funding selection process. Subgrantee applications will be reviewed in full by the MFH staff team, nationally recognized experts in tobacco control and obesity prevention, and evaluation experts. Applications will be assessed on the following criteria: alignment with the CHI model focus on low-income, high-risk communities; use of measurable, health-related objectives; strength of community partnerships; and strength of project plans. The plan must be innovative, demonstrate evidence of effectiveness, and be sustainable and replicable. Feedback from national experts and evaluators will be integrated into the final project design of selected applicants, leading to appropriate and feasible approaches based on the best available evidence.

Upon selection of subgrantees, MFH will immediately take steps to ensure support and implementation of their plans beginning in year one, with plans to continue support for up to five years. In each year of

funding, MFH will conduct a rigorous evaluation of efforts by each grantee to reach stated objectives, and will determine if subsequent funding is warranted. To measure progress over the five-year timeline, MFH anticipates communities will achieve the short-term outcomes outlined in the Goals and Objectives section within the first three years of SIM funding. Intermediate-term outcomes will be realized for the targeted communities in years 3 to 5, and long-term outcomes will be reached in year 5 and beyond. MFH and the grantees will rigorously evaluate the implementation and impact of efforts to determine program success, associated health outcomes, and expansion and replicability of innovative approaches identified through community progress.

MFH has experience supporting innovative and effective models for change in its obesity prevention and tobacco control efforts. For example, St. Louis-based TrailNet, a current H&AC grantee, developed and launched HVAC, one of the innovative models integrated to create the SIM funding program's CHI model. Through the HVAC model, TrailNet has effected evidence-based change in multiple Missouri communities, including two that adopted the first Complete Streets policies in the state. Two communities adopted land-use reforms to support local agriculture, and others changed county policies to allow for farmers markets. The HVAC model has received national recognition and was selected for participation in the "Early Assessment of Programs and Policies to Prevent Childhood Obesity", a collaborative effort led by the Robert Wood Johnson Foundation (RWJF) and the CDC. By fall 2009, HVAC had provided sufficient evidence to become the first "Emerging Intervention" to be disseminated through the Center of Excellence for Training and Research Translation's website.

A second example of MFH support of effective and innovative models stems from its tobacco control work. TPCI began with a combined regional and community-based approach to reduce the cost of tobacco on Missouri and create healthier communities. The regional grant program funded five organizations to implement projects in the MFH service region. Once regional grantees were selected, MFH solicited community grant responses to implement these regional models at the local level. From 2006 to 2009, more than 190 applications were received to implement programs in communities across

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Missouri. Sixty-seven grants were awarded. MFH conducted a rigorous evaluation to determine the effectiveness of TPCI, including the efficacy of each regional approach, the impact of regional and community efforts, economic analysis of TPCI, and the overall effects of TPCI in Missouri. The evaluation shows a significant decline in tobacco use in several Missouri project communities. For example, Columbia has seen a 17% decline in adult tobacco use due to policy changes, prevention activities, and cessation services. The greatest impact and savings have been seen through successful policy interventions at the community level. These interventions are supported with prevention activities and balanced with programming that supports advocacy and implementation.

MFH has cultivated significant relationships that inform decision making and create partnership opportunities across the state. MFH staff members serve on boards and committees including Tobacco Free Missouri; the Department of Health and Senior Services Advisory Committee on Tobacco Prevention and Cessation; National Tobacco Foundation's Network; Steering Committee of the Missouri Council on Activity and Nutrition; Missouri Convergence Partnership (statewide coalition of funders modeled after the national Healthy Eating Active Living Convergence Partnership); the Healthy Youth Partnership (St. Louis youth obesity group); and the Missouri Coordinated School Health Coalition. This participation provides MFH with relationships among stakeholders in obesity prevention and tobacco control. These relationships will prove vital in disseminating information about the SIM funding opportunity to appropriate organizations and communities across Missouri. They will provide guidance and expertise in identifying communities that have the highest need, and the appropriate resources and ability to fulfill SIM requirements to implement programming.

Additionally, MFH has a historical commitment to providing technical assistance and capacity building to grantees in all of its funding programs. This commitment will be enhanced to support the work of the SIM subgrantees. MFH recognizes that building the organizational capacity of subgrantees to sustain their respective community efforts is imperative to achieving the transformative long-term goals that can impact communities across Missouri. MFH will make significant investments in evaluation

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technical assistance, skill building workshops, advocacy trainings and dissemination of technical assistance. Recognizing collaborations are key to longevity and success, MFH conducts annual grantee convenings and hosts peer-to-peer exchanges to encourage partnerships and resource sharing.

Related to evaluation support, MFH and subgrantees will develop logic models to capture inputs, activities, outputs, and short-, intermediate- and long-term outcomes that support the overarching goals of the SIM project as a whole and for each innovative subgrantee project. Progress toward project outcomes will be reported twice a year through standard MFH interim reporting processes, which include programmatic and fiscal questions. Interim reports will be reviewed by MFH staff including program officers, operations specialists and external evaluation teams. Subgrantees will report on several indicators including program progress, engagement with collaborators and/or community partners, accomplishments, and challenges. Report data will be reviewed by MFH staff and external contractors to identify emerging themes and shape future technical assistance offerings to build capacity and enhance performance. Annual site visits will supplement the reporting process and allow for further discussion of project outcomes. Individual needs will be addressed through technical assistance supports and referrals to community resources. Modifications to subgrantee goals and objectives may be necessary during the project period due to unforeseen circumstances or lessons learned through evaluation. MFH protocol requires grantees to contact the assigned MFH program officer, who determines if the requested change is within the original scope of the funded project. If approved, an amendment will be made to the contract and the subgrantee will report on the revised goals and objectives in subsequent reports.

MFH will provide subgrantees an electronic location to submit data, monitor progress and generate reports to meet program needs. This system will allow subgrantees to review their progress on a wide range of indicators including completed intervention activities, policy changes, new partnerships, completed capacity-building activities, new project sites recruited, and additional funding leveraged. MFH has successfully used similar systems with the H&AC and TPCI funding programs. Resources and

supports are in place to implement a similar data management approach with the SIM funding program.

MFH will conduct a needs assessment of evaluation capacity for each subgrantee. This information will be used to identify common skill building needs to be addressed through technical assistance, workshops, and training. The CHI model incorporates technical assistance throughout the application process. Contracted providers will assist applicants with community assessment for the concept paper, and project plans for the full proposal. These contracted providers will continue to work with selected communities and facilitate the community planning process following receipt of funding support.

As part of MFH's ongoing commitment to support sustainable interventions, significant resources are allocated for building subgrantee internal capacity, including training and support in strategic planning, management systems development, strategic communications, and short-term business and financial planning. Additional leadership development will occur through a current MFH activity, the LINK Project, an ongoing effort using workshops and experiential learning opportunities to help grantees build and sustain meaningful relationships with policymakers.

Subgrantees will be assigned to an MFH grants manager who will oversee all aspects of the grantee project budgets and will work directly with grantees regarding any needed reallocations or budget revisions. Grantees also may request assistance with financial management systems, assessment and understanding of accounting systems, risk assessment, budgeting activities (e.g. cash flow or cost benefit analysis), grant protocol and management.

The most effective strategic communications efforts are linked to other strategic efforts of the organization (e.g., fund raising, board and staff development, volunteer recruitment, community relations and program development). MFH develops grantee capacity to disseminate products such as replication guides, toolkits and program curricula. Training on data communication through storytelling and concise summaries also will be provided for subgrantees. These tools are critical in communicating with decision makers about local and state-level changes.

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MFH will collaborate with subgrantees in a shared learning experience to enhance project successes and facilitate efforts at expansion and replication across the state. Peer-to-peer exchanges and peer site visits will offer facilitated grantee exchanges, including discussions of methodologies that are achieving project goals, and why; what is not working, and why; and unexpected changes, outcomes and barriers that have arisen as the project has unfolded. A subgrantee convening will be held at least once a year. Convenings expose grantees to national and state experts, skill building sessions, grantee program demonstrations, grantee-facilitated roundtable discussions, poster sessions highlighting current projects, and peer-to-peer site visits. MFH defines sustainability planning as "the core set of required activities needed to plan and implement activities that will support and sustain efforts and resources over the long term." Using this definition, MFH will build on its historical commitment and experience in providing technical assistance and capacity building. It will tailor supports for SIM grantees that are most appropriate and applicable to supporting transformative, replicable efforts.

In addition to technical assistance and capacity building, MFH collects and uses data to measure and improve grantee performance and program effectiveness. For example, through a review of reports and data, MFH staff from the TPCI funding program identified above average program enrollment and a higher than average tobacco quit rate from a specific grantee. Subsequent process evaluation data and direct qualitative follow-up revealed the program was using a modified model that was more appealing to participants than other programs. To improve other grantees' performance, MFH conducted multiple training sessions highlighting the modified model and discussed the changes that led to the successful outcomes. Grantees attending the meeting modified their programs and saw similar gains in participation and quit rates in their communities. Modifications improved the overall performance of the grant program. Similar processes for documenting grantee performance and evaluating effectiveness will be integrated into CHI. Results will be reviewed for an integrated quality improvement process to identify grantee successes and challenges. These will be shared to expand the replicability of innovative approaches in Missouri.

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Part of the MFH quality improvement process stems from a core organizational commitment to accountability. This includes MFH's accountability to grantees and communities, and its commitment to ensuring staff and grantees are effectively administering and operating programs. MFH operates under the Missouri Sunshine Law, thus all records and materials are open to public review. This is not a required operating procedure for an independent nonprofit such as MFH, but it is one MFH has chosen to follow -- an open and transparent process where the public can review analyses of grant proposals, MFH operating procedures, and Board and committee decisions.

Because of limited resources and vast need, MFH continuously monitors the requirements of Missouri communities, structures programs to meet them, and analyzes fund distribution to ensure all communities in its service area are reached. MFH regularly reports the findings of community funding programs through evaluation reports, independent studies, and the MFH annual report. It also seeks input on next steps and future areas of focus. Monthly e-newsletters are distributed to grantees and community organizations, and the MFH web site is continuously updated to promote and share information about programs, community work, and grant and training opportunities.

MFH staff is accountable to the Board of Directors in several ways. Staff directly supports the strategic plan developed by the Board, and provides annual implementation plans for review. In addition, MFH staff annually reviews the progress of each program with the Board. These reports include lessons learned from the programs, evaluation outcomes, and financial investment to ensure that programs are progressing and to determine course corrections or discontinuation of a funding program as deemed necessary. Finally, as previously outlined, MFH is actively engaged in assessing the needs of each grantee in evaluation, program capacity, and sustainability. MFH has a vested interest in strengthening organizations that receive its funding. MFH actively learns from grantees in improving its funding programs, administering grants more effectively, and improving the health of those receiving services. To ensure accountability and fidelity to CHI, potential subgrantee metrics include monitoring project activities compared to program plans; documenting the number of community members served by

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programs; the level and number of services rendered with supporting documentation; evidence of program expansion and replicability; and fiscal oversight to ensure funding is used as proposed and any variances are explained and monitored. MFH's intermediary metrics focus on the combined effect of subgrantee programs; the relationship between program progress and anticipated outcomes; the economic impact of the SIM funding program in communities; and rates of expansion and replicability of innovative programs in Missouri. In addition, MFH will create metrics to ensure appropriate monitoring and reporting of federal grant requirements. Impact and progress of the SIM program will be regularly reported to the MFH Board of Directors and communities across Missouri.

Organizational Capacity

ABILITY TO PROVIDE PROGRAM OVERSIGHT

Since 2002, MFH has been addressing the need to improve Missourians' health through grantmaking and capacity building. Its mission is to bridge the gap in health services for uninsured, underinsured, and underserved citizens. Its funding programs and supportive services seek to be responsive to community needs, maximize efficiencies, instill collaboration, and leverage resources. Funding programs respond to emerging best practices and community needs, and expand on achievements of grantees and other collaborative partners. MFH has approximately 700 active grants and contracts and awards have been made in every county of its service area.

MFH promotes major prevention strategies, established evidence-based practices, collaboration and dissemination. It awards grants through ten health-related funding programs: tobacco prevention and cessation; obesity prevention; chronic care; behavioral health; health literacy; primary care access; oral health; women's health; health care workforce; and health policy. Evaluation, technical assistance, and capacity building are incorporated into these funding programs.

As outlined in the Program Design section, MFH will support reduction of disease risk factors and promote healthy lifestyles in Missouri through the SIM funding program. MFH currently has obesity prevention and tobacco control grantees in more than 50 communities throughout Missouri. Evaluation

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of their work indicates more than 250,000 Missourians have been reached and 215 policies have been changed to create healthier communities. These efforts have been conducted with rigorous evaluation and capacity building activities as well as engagement of national leaders, state agencies, major universities and member organizations. Partnering, collaboration, community assessment, progressive planning, provision of technical assistance, mid-course corrections, convenings of grantees, and dissemination are core constructs of MFH funding programs. MFH has demonstrated leadership in conducting these activities and is considered a leader in improving the health of Missourians.

TPCI provides an example of the level of change and impact MFH seeks to achieve through its grantmaking. TPCI's evaluation includes return on investment calculation and cost-benefit and cost-effectiveness analysis for each layer of programming. The greatest impact and savings have been seen through successful policy interventions at the community level. These interventions are supported with prevention activities and programming. TPCI's return on investment is $4.32 for each $1 invested in programming, resulting in over 5,200 Quality of Life Years gained ,a total healthcare savings to Missouri of over $30.5 million.

MFH staff resources are deployed in a manner to match the needs of each funding program. Each program team consists of 8-10 staff from all areas of MFH (program, operations, policy, communications and evaluation). Staff members are appointed to an average of three teams. MFH functions as an open, approachable and communicative organization. Staff members monitor implementation and compliance through grantee site visits and reports.

The grant award agreement, or contract, is the functional framework of grantee site visits. MFH staff members prepare for site visits by reviewing previous reporting submitted by the grantee. MFH staff members typically meet with several key grantee personnel during the visit, including board members, chief executive officers, executive directors and grantee staff members responsible for the grant project. MFH staff members assess personnel involvement and support; adequacy of data systems and financial tracking; adherence to deadlines; and implementation milestones. If appropriate, MFH staff observe

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trainings, staff meetings, and community events during site visits. These visits are opportunities for MFH staff members to expand their knowledge in nonprofit operations, community relationships, and the impact of unmet health needs on populations. Site visits also serve the purpose of relationship building, and help create a complete view of the funding program. Written reports are generated by the program officers and discussed in team meetings.

MFH requires semi-annual reporting in which grantees provide written discussion of project implementation activities; progress toward grant objectives; identified barriers and how they were addressed; and details of financial expenditures. Grantees must receive prior permission for any variance from the approved budget if the change is greater than 10% and represents a significant shift from the project plan. Grant funds are disbursed following successful interim reporting and approval by MFH staff. Grantees must have expended at least 66% of their first disbursement of funds in the first reporting period, and have expended at least 85% of total funds received for the release of subsequent disbursements. This same management approach will be applied to the SIM funding program.

MFH staff experience in administering grants and reporting requirements contributes significantly to it's ability to manage a federal grant. As outlined in the biographies later in this section, many MFH staff members have experience with federal grant processes and will bring this expertise to the process of serving as a SIF intermediary. MFH also has an evaluation area devoted to grant monitoring, data collection and analysis. Evaluations supported by MFH take two basic forms: internal evaluations required of each grantee, and external evaluations funded by MFH conducted by contractors to assess the impact of a funding program. In both cases, evaluation designs that use mixed methods to assess a specific measure.

Evaluation techniques and results are reviewed by the director of evaluation and the program team throughout the year. Issues related to methodology and technique are discussed with the respective grantee or contractor. MFH subscribes to the evaluation guidelines presented by the American Evaluation Association, and holds all contracted evaluators to the standards outlined at

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http://www.eval.org/GPTraining/GP%20Training%20Final/gp.principles.pdf.

In the past six years, MFH has contracted with eight external evaluation teams, the majority at Missouri universities. The university-based evaluators have had their evaluation designed assessed by an institutional review board. The two contractors that are not university-based have not had that further assessment. To date, only one contractor has not had their contract renewed due to issues around informed consent. With exception to one current evaluation, the remainder of the external evaluations have been primarily quantitative in nature, with support through qualitative analysis. Data have included survey, interview, focus group, biometric, and when possible, secondary data.

Examples of funded evaluations include:

An evaluation of the first three years of the Healthy & Active Communities initiative, including yearly updates as to progress of the funding program, identified issues, factors that impact sustainability of the programming, and short-term outcomes - http://www.mffh.org/content/464/mfh-evaluation.aspx.

An evaluation of the Tobacco Prevention and Cessation Initiative, including interim reports on funding program progress, environmental assessments, economic impact assessments, and short-term outcomes - http://ctpr.wustl.edu/reports.php.

In eight years of distributing grants, MFH has focused on implementing proven programs and supporting innovative ideas that demonstrate sufficient program theory leading to impact.

MFH is interested in quality programming that grantees can sustain, expand and replicate after termination of the grant. MFH provides support in the form of workshops, group and peer-to-peer learning, and funding to increase grantees' capacity. Technical assistance has focused on networks of partners, staff retention, dissemination of programmatic findings, and advocacy. Contracted evaluators and the director of evaluation provide technical assistance to current MFH grantees, increasing their ability to conduct meaningful, quality, sustainable evaluations.

Some grantees are offered further opportunities to expand their programming through new grant offerings. MFH has expanded support for grantees with an eye toward replication. The H&AC funding

program, focused on obesity prevention, has contracted with a team of experts to work with grantees to disseminate innovations with sufficient levels of evidence. Dissemination of these projects is now occurring at the regional and national level.

Replication and expansion of funded programs are embedded in MFH's work. Its competitive grant application processes require a project plan that includes specific objectives and activities for replication and expansion. When funding is awarded, grantees are guided in replication and expansion of successful activities throughout project implementation, including allowances for professional staff development and training. MFH creates frequent opportunities for peer-to-peer consultation and support among grantees, and requires strong performance in these activities to be considered eligible for future funding. Additionally, the MFH communications staff frequently tours local media outlets to promote coverage of successful programs; distributes timely press releases; and provides pro bono assistance to grantees in garnering media interest. Grantees, contracted evaluation staff, and MFH staff are increasingly solicited to make expert presentations at statewide and national conferences. Both the obesity prevention and tobacco control funding programs have had articles published in professional journals regarding their work with grantees and contributions to the field. Grantee efforts and successes are highlighted in these presentations and publications. These activities contribute to replication and expansion of successful programs.

Since programming in tobacco control and obesity prevention began, MFH has sponsored work resulting in the replication of more than 600 tobacco control programs at worksites and schools. Twenty grantees from the H&AC program are conducting projects specifically designed to test the blending of multiple strategies with community groups that influence local decision making. The portfolio of grantees includes long-established local coalitions; multi-tiered community health centers serving multi-county areas; major university systems; local public health departments; hospitals; faith-based organizations; and small independent nonprofits providing critical health services not typically reimbursed by third parties. MFH will approach the SIM funding program as an opportunity to

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capitalize on the investments in tobacco control and obesity prevention made to date. It will expand into a movement that saturates designated communities with preventive health services, supportive policies, and increased access to community-based programs through innovative approaches that can be replicated and expanded in other communities. MFH will maintain its processes and level of capacity building and support for expansion and replication during the development and implementation of SIM. The geographic model of SIF implementation is parallel to how MFH presently conducts its grantmaking. Each program officer is assigned a certain geographic region of the state to build rapport, monitor needs, and become familiar with opportunities with communities and organizations. This exposes MFH staff to the unique needs and resources of various locations, keeping them abreast of recommendations for effective funding programs. The familiarity of MFH staff with organizations and needs across the state, as well as the relationships MFH has with other health and local funders, will be critical to identifying and supporting communities in the best position to respond to the SIM competitive application process. Additionally, MFH has videoconferencing abilities and supplements face-to-face meetings with this technology. It also offers conference calling to accommodate large geographic distances between subgrantees and MFH.

MFH carefully considers the need to be equitable with funding and other supports and services among geographic regions of the state. Implementing SIM in 10 to 20 defined communities will allow MFH to test receptivity and responsiveness to this innovative approach of health improvement by addressing multiple health indicators simultaneously. This is a more holistic approach to health than what has traditionally been practiced in Missouri. The application and selection criteria outlined in the Program Design section will instill these expectations among applicants and require assessments to be part of submissions to MFH. Although a limited number of grants can be awarded from the funds allocated in any given program, MFH continuously looks for ways to replicate successful interventions and have successful grantees be formal and informal consultants to neighboring communities not directly supported with grant funds. MFH works with successful grantees in the delivery of these replication

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strategies. MFH has been involved in tobacco control and obesity prevention work for a number of years, and has strong stakeholder relationships and community resources in these health-related areas. It has a strong network to consult, disseminate the potential funding opportunity, and gather applications from the most appropriate and ready communities in Missouri.

MFH has staff designated, immediately upon intermediary award notification, to research and become articulate in the federal requirements of SIF programming, reporting and monitoring. These requirements will be expressed in all internal and external communications related to the SIM funding program documents released to subgrantee applicants. They will be reiterated during pre-application conferences and incorporated into grant award contracts with subgrantees. MFH grantee orientation sessions, held five to six times per year, provide group exercises on meeting contractual requirements of an MFH grant. Individual grantee consultation is offered during these sessions when needed. Any SIF intermediary funding requirements not captured in existing MFH standards of semi-annual interim compliance and monitoring reports, and site visit protocol, can be added to the reporting forms and requirements. In summary, MFH is well positioned to meet the monitoring requirements of the SIF intermediary funding opportunity.

MFH is governed by a 15-member Board of Directors consisting of Missouri citizens. It is responsible for all of MFH's financial and program operations. In addition, there is a 13-member Community Advisory Council charged with advising the Board on community priorities for MFH investment; the efficacy of MFH programs from a community perspective; and identifying and nominating individuals to serve on the Board of Directors. The Board is supported by seven standing committees covering all aspects of MFH activities. These include a Program and Grants Committee that reviews and recommends action on grants and contracts, and a Health Policy Committee that conducts similar oversight of MFH policy activities.

MFH has a staff of 43 headed by a president and CEO with broad experience in government and private-sector health and public health activities. The staff is organized into two groups directly involved with

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grantmaking and contracting in support of the mission: program staff, headed by a vice president for program, and health policy staff, headed by a director of health policy. Supportive elements are the operations staff, which includes grants management, headed by a senior vice president and chief operating officer; and the communications and evaluation staffs, which operate under directors. Current programs are managed through a team structure. Cross-organizational teams are responsible for implementation planning, development of Requests for Applications, review of applications, and development of recommendations to the Program and Grants Committee or Health Policy Committee, as appropriate. The funding recommendations of these committees are presented to the Board of Directors for final action resulting in disbursement of funds. Each major grantmaking program includes two levels of evaluation. Each grantee is required to develop and implement a project evaluation and participate in an overall program evaluation conducted by outside evaluators, usually university-based. MFH will use its existing development and review processes in carrying out the SIF Intermediary role. A new cross-organizational team will be chartered for this purpose, including existing staff and potentially additional personnel to be recruited as a result of the increased workload the SIM program will create. MFH deems it important to involve experienced staff in administering the SIM program to promote integration of subgrantees' activities with those already funded through other MFH program areas. The decision-making structure of existing committees and the Board of Directors can govern the SIM grantmaking and provide a desirable degree of coordination with existing and projected MFH program areas.

Key personnel who will be involved in the SIF activities include the following individuals.

James Kimmey, MD, MPH, President and Chief Executive Officer - For 14 years prior to joining MFH in 2001, Dr. James Kimmey was a member of the Saint Louis University administration, first as director of its Center for Health Services Education and Research and founding dean of the School of Public Health, and then as vice president for health sciences. He is past chair of the Gateway Center for Giving and is currently chair of the board of directors of Grantmakers in Health. Kimmey will continue in his role of

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president and CEO of MFH as it incorporates the SIM funding program into its workings.

Martha Gragg, RN, MSN, ACHE, Vice President for Program joined MFH in 2007, but has been associated with MFH since 2000 as a charter member of the Board of Directors. Prior to joining MFH, she served for 11 years as chief executive officer of Sullivan County Memorial Hospital in Milan. Gragg has experience managing federal grant programs through HRSA and serves on the boards of the Nonprofit Services Center and Missouri Hospital Association. Gragg will oversee program operations and staff involved in the SIM funding program.

Charles Gasper, MS(R), Director of Evaluation, joined MFH in 2007, having previously served as a senior analyst-quality management with Sisters of Mercy Health System in St. Louis. He has 17 years of experience in conducting state, local, and organization-level evaluations focusing on education, housing, health, and mental health. Gasper will be responsible for development of the SIM project logic model and oversight of the evaluation, both for the intermediary and subgrantee requirements.

G. Joseph McCarthy, MBA, Senior Vice President and Chief Operating Officer, joined MFH in March 2002 as senior vice president and chief operating officer. In this capacity, he directs the general business processes of MFH, which include business planning and financial management, grants management, information technology, investment, and risk management. His business experience spans more than 30 years in a number of different types of organizations in aerospace, health care, managed care, information technology and academia. His role in the SIM project will include subgrantee application review from a business perspective, contract management and oversight, and adherence to federal contract terms and conditions and financial reporting.

Kathryn DeForest, MSW, Senior Program Officer, came to MFH in January 2003 and has served as the senior program officer on the Tobacco Prevention and Cessation Initiative and Healthy & Active Communities teams since their inception. Her 10 years of combined oversight, management and supervision of staff on those teams, knowledge gained regarding the best practices in tobacco control and obesity prevention, and experience with grantees and their communities are beneficial to SIF

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implementation. DeForest will be responsible for management, supervision, and oversight of the development and implementation of the SIM funding program.

Amy Stringer Hessel, MSW, Program Officer, joined MFH in 2003. Prior, she was director of community economic development for the United Way of Greater St. Louis. In that position she managed numerous funding and asset development projects and programs. She has led MFH's obesity prevention funding program since 2005, and participates in its Women's Health and Health Literacy funding teams. Stringer Hessel will co-lead the implementation of the SIM funding program.

Matthew Kuhlenbeck, MHA, Program Officer, joined MFH in September 2002. Kuhlenbeck leads MFH's nine-year, $40 million Tobacco Prevention and Cessation Initiative, which focuses on building capacity for tobacco control and smoke-free environments in MFH's service area. He also serves as treasurer of Tobacco Free Missouri. Kuhlenbeck will co-lead the implementation of the SIM funding program.

In order to effectively manage the implementation of the SIM funding program, MFH will initially create a staff team made up of two program officers and one program associate. This team will work with MFH senior leadership and be supported by additional program staff and cross functional areas to assist in the development, implementation, and monitoring of all SIM-related activities as outlined in this application. Additional staff will be added to the SIM funding program as necessary as the work expands.

MFH has a multi-layer method for assessing and improving its systems, structure, staffing, and other capabilities. At the Board of Directors level, every two years MFH conducts a self-assessment survey, including interviews, through a contractor. Board members are asked a series of questions to gauge their levels of understanding and satisfaction with MFH's operations. In 2009, in support of a five-year strategic plan, MFH developed a concept map of support needs in health related issues, based upon critical stakeholders in the state of Missouri. The concept map was supplemented with interviews of top individuals in the areas of philanthropy and health care, to identify gaps in MFH funding areas and needs. Additionally, every two years MFH conducts a survey of grantees and other nonprofits,

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addressing issues such as their level of understanding of the MFH mission; their experiences in applying for grants; their experiences as grantees; and their ideas on how MFH can improve its grantmaking. MFH staff members undergo performance evaluations each trimester, and engage in committee work to improve flow of information and materials. Improvement is not limited to internal work; it also affects MFH interactions with applicants, grantees, and the public at large. Such changes have included redesigns of grant applications, improvements in grantee communications, and new processes for disseminating opportunities for funding and results.

ABILITY TO PROVIDE FISCAL OVERSIGHT

MFH is a perpetual tax-exempt nonprofit corporation established with the sole purpose of filling gaps in health programs for the uninsured and underserved in its service region through grantmaking and other appropriate funding mechanisms. As detailed elsewhere in this application, MFH meets or exceeds all of the eligibility requirements for a qualifying grantmaking institution, particularly given its diverse portfolio of grantees in ten different funding areas and its organizational structure and staff expertise in monitoring and overseeing grantee performance and expansion.

MFH's operations area includes a grants management function. Reporting to the senior vice president and chief operating officer, the grants management area currently has 3.5 full-time equivalent employees. Three grants managers, all with MBAs, have combined experience totaling more than 50 years and currently manage more than 700 active grants. After Board approval of grants, the grants managers prepare and execute grant award agreements, monitor compliance with terms and conditions, and monitor budgets to ensure grantees are spending funds appropriately. Grants managers coordinate grant reporting with the assigned program officer, who reviews program objectives for each grant award. Issues are jointly resolved with the grantee. In addition, an operations specialist assists with preparation and tracking of grants management communications.

For 2010, MFH has a grantmaking budget of $42.54 million and an overhead budget of $6.5 million. This SIF intermediary grant would equal 2.4% of MFH's 2010 grant budget, or 2% of the total budget.

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Compliance with federal requirements will be ensured by assigning this SIF grant to one grants manager who will be responsible for monitoring and complying with the terms and conditions of the grant. The senior vice president and chief operating officer also will review and approve required federal reports. Two grants managers and the chief operating officer have experience with federal grants and contracts, including the CDC, Center for Medicare and Medicaid Services, Department of Defense, Department of Health and Human Services, and National Institutes of Health.

Budget/Cost Effectiveness

BUDGET AND PROGRAM DESIGN: MFH anticipates receiving support from diverse non-federal resources for program implementation and sustainability. MFH receives in-kind contributions and resources from multiple community resources in terms of provision of space for meetings and trainings, access to technology equipment, regional databases, and other sources of infrastructure, goods, and services. MFH anticipates continuing to receive similar in-kind contribution as SIM evolves. As documented in a statement signed by the senior vice president and chief operating officer on April 1, 2010, MFH currently has assets of $979.9 million. These resources are sufficient to meet the program implementation and sustainability requirements of the SIF funding as proposed in this application. The proposed budget for this SIF intermediary application is based on MFH's 2010 operating expense budget as approved by the MFH Board of Directors. Staff salaries ($98,448 for nine positions) are competitive in the St. Louis area, as are fringe benefits ($31,808). The budgeted number of staff hours to implement and manage the proposed SIM funding program, including the subgrantee selection process, is based on similar efforts of other MFH funding programs. All personnel accounted for in the budget will have an active role in development and implementation of the SIM funding program. Budgeted travel costs ($11,828) account for two MFH staff site visits per year with each SIM subgrantee, one to assess for technical assistance needs and a second site visit completed in accordance with standard annual monitoring protocol. Dollars are also allocated for MFH staff travel to participate in meetings with the Corporation as required. Extensive technical assistance specific to transformative community-

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based change will be provided as part of the SIM subgrantee application process and will continue during project implementation and monitoring. MFH is servicing areas that meet criteria for being philanthropically underserved and is committed to supporting these communities in achieving transformative change to improve the health of residents. MFH will also seek an external evaluator to assist in providing technical assistance for SIM grantees to conduct internal evaluations of their respective projects as well as an overall evaluation of the SIM funding program in accordance with the measurable outcomes identified in this application. Both areas of technical assistance will be carried out through contractual and consultant services ($200,000). Indirect costs associated with administering this grant total $51,314 for the first year. As outlined in the budget, 82.9% of the total funds will go toward subgrantee funds, and 17.1% of the total funds will go toward MFH's direct costs.

MATCH SOURCES

MFH's available resources far exceed the program's required match, and no additional commitments are needed to meet the minimum requirements for the SIF intermediary function. MFH currently has assets of $979.9 million as documented in a statement signed by the senior vice president and chief operating officer. Match funds for year one will come from these assets and one represent less than one-tenth of one percent of MFH's investment assets.

However, MFH is committed to assisting subgrantees in successfully identify resources for the required subgrantee match. At the date of submission of this application, organizations from the business sector (Express Scripts), public sector (University of Missouri Extension), and thirteen other foundations across Missouri (Deaconess Foundation, Lutheran Foundation, Incarnate Wood Foundation, Healthcare Foundation of Greater Kansas City, Heartland Foundation, Hartwig Legacy Foundation, KC Healthy Kids, Barnes-Jewish Hospital Foundation, Blue Cross Blue Shield of Kansas City Foundation, Menorah Legacy Foundation, Daughters of Charity, St. John's Foundation for Community Health, St. Francis Medical Center and Foundation) have all expressed interest in serving as potential resources for subgrantees as they seek assistance in obtaining the required subgrantee match. MFH will continue to

strengthen relationships and seek additional resources for potential subgrantees to access as needed.

Clarification Summary

1. You describe a theory-based approach to investment. Please provide more details about this approach and the role that MFH staff play in developing program theory to guide grantees. Also describe how such an approach would be implemented in the SIM Investment.

A theory-based approach is used by Missouri Foundation for Health (MFH) to guide the organization of a funding program, including program design, program implementation, structuring program evaluation, and communicating with external audiences about funding program development, progress, and outcomes. Linkages between program theory and expected outcomes underpin MFH's approach to development and assessment of its portfolio of grants. Development of theory is supported through extensive research by MFH staff, including literature searches and consultation with experts in the field. The theory is presented to external audiences through multiple channels, including requests for applications and during pre-application conference calls. During the application process, potential grantees are asked to demonstrate how their proposed programs tie to the theory and associated outcomes. Applications are assessed for fit within the expectations of the theory. Following grantee selection by MFH, the program theory supports three activities: linkage of individual grants with the program's expectations and outcomes; evaluation of the entire funding program's performance; and for ongoing evaluation and improvement of the funding program. Program theory is always a work in progress and is continuously reviewed as a program evolves.

This theory-based approach is currently applied in all MFH funding areas and will be applied in the implementation of Social Innovation in Missouri (SIM). A significant amount of research has been conducted in preparing the Social Innovation Fund application, and the MFH SIM staff team is prepared to further develop the program theory to guide the work of MFH and the subgrantees' applications, programming, and evaluation.

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2. You provide an impressive description of MFH's past achievement with respect to producing outcomes and positive change in obesity reduction and tobacco control in funded communities. Describe the specific interventions that the SIM will apply to ensure continued successful delivery of outcomes and impact.

SIM will apply several interventions focused on the integration of best practices in prevention of obesity and tobacco use. During the application process, subgrantees will be asked to select best practices from three domains -- access/environment, community engagement, and policy/economics -- and develop comprehensive program plans for improved health in their communities. These domains have been identified through review of chronic disease prevention literature and consultation with experts in the field. In each domain, several best practice options will be presented as a menu of services or interventions. Examples of specific interventions from the access/environment domain include efforts to implement or expand farm-to-school programs; workplace changes that support physical activity; and workplace policies to eliminate tobacco smoke exposure. Community engagement interventions include activities such as point-of-purchase nutrition labeling; limitations on point-of-sale advertising of tobacco products; and campaigns promoting nutrition and reduction of tobacco use. Options for policy/economic interventions include community smoke-free policies; Complete Streets policies; incentives for the sale of fresh fruits and vegetables; and price controls on tobacco products. These interventions, and the option to select from a menu of services, have been implemented successfully in previous MFH funding programs and will be applied in the implementation of SIM.

3. The narrative describes extensive roles for MFH staff with respect to implementation of the SIM. However, it is unclear how the staff effort allotted to the grant as listed in the Budget Narrative corresponds with the assignment of staff as proposed in the Program Narrative. The staffing plan appears to be inadequate for the depth of activities proposed. Please provide a detailed staffing plan for the SIM that adequately addresses oversight of the SIF grant and ensures appropriate staff capacity to

deliver the support as described in your application.

Since beginning grantmaking in 2002, MFH has processed more than 5,700 applications and awarded and managed 2,200 grants to nonprofit and governmental organizations in Missouri. Over time, a uniform approach to managing specific grant programs has been fine-tuned and institutionalized. This same approach will be applied to managing SIM subgrantees. This approach involves creating a multidisciplinary staff team responsible for all aspects of a specific program. The SIM management team will comprise MFH staff members with substantial experience in tobacco cessation and obesity prevention, funding program development, grantmaking, post-award monitoring and grants management. It will include two Program Officers, one from the Healthy & Active Communities team and one from the Tobacco Prevention & Cessation team; a Program Associate; a Program Assistant; and a Grants Manager. As with all MFH teams, the SIM team will report to a Senior Program Officer and will be supported as needed by senior management and staff from the Communications, Health Policy, and Evaluation areas.

One of the Program Officers will be named team lead and will be responsible for coordinating team activities, including assignment of tasks related to the program, and developing and maintaining contact with subgrantees and the Corporation. The team lead will spend approximately 40% of their time on SIM-related activities. In addition to being the primary contact for SIM activities at MFH, the team lead will manage half of the grants and contracts supported by the program. This management role includes program monitoring; provision of technical assistance as needed; financial monitoring; and program evaluation, including serving as liaison with the external evaluator.

The second Program Officer assigned to the team will share grants management, program review, and outreach activities with the team lead. This includes working with half of the grantees selected for

funding; providing appropriate technical assistance; monitoring grant financials and program progress; and evaluation activities.

The Program Associate assists in the review of applications, and develops materials supporting review by the team, the MFH Program & Grants Committee and the MFH Board of Directors. The Program Associate will be the primary contact for data and information related to the portfolio of SIM subgrantees. This includes periodic reporting on the portfolio, with particular emphasis on demographics, geographic mapping of program sites, and grant data management using the GIFTS management system.

The Program Assistant will help with data entry and the application and review process. The Program Assistant ensures all grant applications are complete and enters data into the MFH grants management database. This team member also supports the development and dissemination of materials for review of applications to the SIM team.

The Grants Manager is skilled in financial management and monitoring of grant funds, and has experience in supporting federal grant requirements. The Grants Manager will monitor expenditures of each grantee in relation to contract terms, and assist Program Officers with program monitoring, site visits, and evaluation activities as they relate to financial management of grants and programs. The Grants Manager will also provide technical assistance to subgrantees to ensure funds are tracked according to each grant program's requirements.

4. MFH proposes to replicate and expand its Community Health Improvement model, which is described as an integrated prevention model. While the application references documented evidence for the two models, HVAC and SLTPC, that the CHI is based on, it only briefly describes the CHI model and

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it does not specifically address how MFH determined that the CHI is the most appropriate model to use for the SIM. Provide more information concerning the evidence base of this integrated model, including how CHI is likely to yield greater results than MFH's previous investments focused on single interventions (tobacco control or obesity reduction) and address how the model connects to the social determinants of health.

The Community Health Improvement (CHI) model is a framework using community engagement and development principles to build community capacity for complementary best practices in obesity prevention and tobacco control. CHI combines two successful models, Healthy Vibrant and Active Communities (HVAC) and Support for Local Tobacco Policy Change (SLTPC), generated by MFH's obesity prevention and tobacco cessation work. Combining these models addresses the social determinants of health, or the social and physical environments that shape healthier communities and healthier residents. The literature frequently suggests that lessons learned in tobacco cessation be applied to obesity prevention. The CHI framework is an innovative approach to service delivery that responds to the literature by integrating chronic disease prevention approaches. This approach will yield efficiencies and a sustainable community structure harnessing valuable political and social capital, ensuring sufficient community change, and leveraging often competing resources within a community.

Execution of the CHI model focuses on three components: community assessment, community capacity building, and technical assistance. The community assessment determines the level of diverse community representation; local government commitment; community readiness; and strategic overlap with other programs addressing tobacco use and obesity prevention. Community capacity building focuses on organizing and branding the local task force; presenting best practices to community leadership; bolstering social networks within communities; and providing opportunities for professional development to expand task force members' knowledge of the target issues. Technical assistance focuses on enabling the task force to successfully implement the project plan, including modifying policy

language or assisting in navigating bureaucratic hurdles to policy change.

CHI supports the social determinants of health in the social and physical environments by supporting change in educational systems, social networks, and work settings through interventions such as improving access to healthy foods, smoke-free work environments and safe places to walk. A Centers for Disease Control forum exploring social determinants made the following recommendations for funders: 1) ensure funded projects achieve balance between individual and group responsibility; 2) support changing the power dynamic by helping community organizations access and manage resources; 3) accept that creating sustainable change in a community requires a long-term commitment from funders; and 4) learn to work with other funders to cross traditional boundaries to get the work done. The CHI model meets all of these recommendations.

5. Please provide detail on previous rural investments by MFH, and the plan for ensuring rural investments via the SIM. Describe those rural communities that MFH has funded, and the factors that contributed to successful health outcomes for rural populations. Where rural investments did not yield successful results, please describe what may have prevented the achievement of positive outcomes and how MFH shifted or reassessed its investments based on those results.

Since its inception, MFH has awarded $224,281,372 in grants to rural organizations. This figure is about 62% of its total $358,074,797 investment to date. During the SIM application review process, data from sources such as the University of Missouri's Community Issues Management System and the Missouri Obesity, Nutrition, and Activity Policy (MoNAP) database will be used to identify high-need rural communities that illustrate strong potential to successfully implement CHI.

MFH has extensive experience investing in rural communities, and rural coalitions have been key partners in this effort. These coalitions bring expertise critical to identifying and implementing prevention and health promotion activities that are appropriate for specific areas and populations.

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These relationships will be leveraged to promote the SIM opportunity in rural communities. In all funding programs, MFH emphasizes investments reflective of the service population and evaluates recommended project portfolios for representation across rural and urban areas. The same will be true for SIM.

In MFH's experience, investing in rural communities has been far more successful in securing community-wide change than similar efforts in urban environments. Rural projects have mobilized communities to make changes, create rural partnerships, and use resources to ensure programs are implemented effectively. These communities are most effective at engaging diverse partners and involving residents in their efforts. Much of this is due to the nature of rural Missouri, which is focused on solving local problems in local ways. Evaluation of the first three years of Healthy & Active Communities (H&AC) investment attributes rural grantees' success in part to an awareness of resources and an ability to engage leadership more easily than urban counterparts. The higher level of familiarity between potential participants and programming staff appears to establish trust and positively impact program success.

Both the Tobacco Prevention and Cessation Initiative (TPCI) and H&AC initiatives have funded successful work in rural Jefferson County. Achievements include increasing fruit and vegetable consumption among school children; establishing worksite smoking cessation programming; and passing Complete Streets legislation. A key to success for both projects has been community partnership, which includes the local health department, public schools and the business community. The county has formalized its focus on healthy lifestyles by establishing a community coalition called Get Healthy DeSoto. This model is being replicated in surrounding towns. Jefferson County's success demonstrates the logic behind the integrated SIM approach to addressing obesity prevention and tobacco cessation.

MFH also has experience in rural communities where challenges to funding efforts have occurred. For

example, both H&AC and TPCI have supported projects through a major university providing services in a rural community. Both projects had challenges engaging rural stakeholders and leadership, building sustainability, and reporting quantitative outcomes. These challenges occurred when an external expert from the university entered the community with a pre-selected program design that did not engage the community. The university representative had full control of the project and presented a frequent barrier to engaging project team members in grantee capacity-building activities. MFH established a communication protocol to ensure the community was aware of capacity-building opportunities and had an open line of communication with MFH. Lessons learned from this experience have been applied in MFH review and acceptance of other rural projects.

6. The SIM will expand MFH's current coverage area beyond 84 counties. How will MFH ensure that its governance structure, board of directors and community advisory council adequately represent those new communities to be funded by the SIM?

MFH has a primary service area based on the market area of Blue Cross Blue Shield of Missouri (BCBSMo) prior to that company's conversion from nonprofit to for-profit status. The primary service area comprises 84 counties and the City of St. Louis, and represents about 75% of Missouri's land area and population. Article IX §9.6 of MFH's bylaws provides that activities with a primary effect in the MFH service region are authorized, notwithstanding that such expenditure will or may have a secondary or incidental effect or benefit outside the MFH region. On March 18, 2010, the MFH Board of Directors authorized submission of an application for designation as the SIF Intermediary, understanding that subgrants would be solicited, reviewed and funded from organizations outside the primary service area. The Board is committed to ensuring the SIM program is successful across Missouri.

In organizing a network of funding collaborators who could serve as potential subgrantee match

supports, particular attention was given to counties outside the primary MFH service area. Although MFH cannot change its governance structure to include representatives from the secondary area, there are several factors that will promote participation from that area. First, MFH operates under the Missouri Open Meetings statute, and all meetings and records are open to the public. This provides opportunity for representatives from all parts of the state to attend, provide public comment and monitor the grantmaking process. In addition, MFH will convene a Partners' Council of co-funding organizations across the state. It will review the operations of the SIM funding program regularly and provide formal feedback to the MFH Board.

The process of soliciting interest in the Partners' Council has begun, and funders from the secondary service area are prepared to participate if the SIF Intermediary is awarded. The Missouri Department of Health and Senior Services also will be a critical partner in identifying potential SIM partner communities. In addition, all funding programs supported by MFH use an advisory group of leaders in the fields associated with program topic areas. A similar advisory group will be established for SIM and will include representation that supports implementation of the program, including the geographic area not served by MFH. Advisory group members fill knowledge gaps in the team structure established by MFH; represent communities of interest to the funding program; and represent experts in the field of focus.

7. How will MFH engage community partners within the new coverage area of the SIM? Do you have existing relationships to leverage? Have you engaged local partners in those areas for the planning stages of this initiative? How would local collaborations and grassroots support be encouraged and supported? What staffing will be allocated to ensure successful cultivation, management and assessment of local relationships and community buy-in?

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MFH has a long history of engaging partners throughout the state. Statewide interest in the SIM project has been generated through existing relationships with Missouri's funding community. During the planning stages of applying for SIF Intermediary funds, other funders in the state, along with the University of Missouri and one business sector partner, were given a draft SIM framework for comment and discussion. Interest in future collaboration was gauged and was positively received. Six collaborating funders that serve the expanded coverage area, including the Health Care Foundation of Greater Kansas City and the Heartland Foundation in northwest Missouri, have expressed interest in serving as subgrantee match supports. MFH also actively participates with funders representing rural and urban communities in the expanded coverage area through a network, the Convergence Partnership, focused on obesity prevention. MFH will consult with collaborating funders for additional information about applications received from the expanded service area as needed.

Local collaborations and grassroots support will be generated in multiple ways. MFH staff members are deeply involved in many statewide coalitions that include community-based partners. These groups include the Missouri Council for Activity and Nutrition, Tobacco-Free Missouri, the Missouri Coordinated School Health Coalition and the Missouri Convergence Partnership. MFH staff will continue to gain an understanding of issues throughout the state by replicating community meetings currently conducted throughout the primary service area. These meetings convene local leaders to discuss pressing issues and opportunities in communities. Other activities will include promotion of the program in local media, and active engagement of current community partners that serve this area of the state. MFH Communications staff will provide significant support with meeting coordination and public promotion of SIM activities, and Program staff will lead the process of outreach to local leaders and potential partners.

Local collaborations will receive multiple levels of technical assistance. Individual subgrantees will

receive guidance on community task force planning; education on best practices in obesity and tobacco prevention; and evaluation technical assistance will be provided in areas such as data collection, survey development, and logic modeling. Recognizing that collaborations are key to longevity and success, MFH conducts annual grantee convenings and hosts peer-to-peer exchanges as part of its group level assistance. Workshops will respond to organizational and developmental needs of subgrantees, and may include training in social marketing and sustainability. Staffing has been included to support program needs as described, including community outreach, match partner recruitment, grants management, and program assistance. Program staff will work with other funders who serve the expanded coverage area to develop relationships with local leaders.

8. What is the profile of likely investment opportunities for the SIM? Please provide examples of potential subgrantees.

MFH expects the subgrantee pool for SIM to be diverse, with a focus on community engagement and improved community health. Missouri nonprofits and local government entities are eligible to apply for funding if they meet SIM program eligibility guidelines. These applicants have the capacity to manage both private and federal funds and are well established in the communities they serve. In most cases, applicant agencies will act on behalf of a much larger coalition of organizations committed to improving the health of their communities. These coalitions consist of leaders from local health departments, hospitals, rural medical centers, businesses, and policy organizations. In many cases, the local government will be the lead organization, working with community nonprofits to ensure program success.

Based on MFH's experience, there are several groups of potential subgrantees. These include rural health networks of providers in specific geographic areas, community coordinating councils designed to improve health, and local public/private partnerships.

Narratives

9. Examples of evaluations provided for previously funded initiatives, TPCI and HAC, demonstrate a track record of policy action and local institutional changes. These reports, however, only present limited evidence of intermediate or long-term change. Please provide greater detail on the link between process outcomes and health improvements. Additionally, provide evidence to support MFH's determination that policy activities are the most effective means to address change in a community.

With time-sensitive programs and funding, there is often a need to anticipate the long-term impact of an effort, given the lack of time to realize the change in the life of the grant or program. Through the evaluation of process outcomes, the long-term impact of an intervention can be estimated within a community. To achieve long-term outcomes, short-term and intermediate-term changes are evaluated to ensure appropriate assumptions can be made on the long-term impact of a health intervention.

The long-term impact of obesity prevention and tobacco policy change is well documented. These policies focus on increasing access to fresh produce, changing communities to encourage physical activity, eliminating exposure to second-hand smoke in public settings, reducing tobacco use, reducing acute instances of chronic disease, and long-term health care savings associated with quitting tobacco use. This impact is supported by several reports from the U.S. Surgeon General's Office, multiple journal articles, the Task Force on Community Preventative Services, and U.S. Center for Disease Control and Prevention best practices guides. The best available evidence shows policy as a primary prevention tool that shapes the environment and has community impact, not just individual impact.

10. Has MFH selected an external evaluator for the SIM? If so, please provide more detail on the choice and the process used to select the evaluator. If not, please describe the vetting process that will be used to make this selection. In general, how does MFH assess rigor when determining which evaluation team to rely on?

An external evaluator has not been selected for SIM. The development of the Request for Proposals (RFP) to select an external evaluator will be finalized upon notice of award and completion of the

program theory.

To develop an RFP, the MFH program team reviews the program theory and discusses the expected activities and outcomes of the program. The team considers potential evaluation questions and ranks them for presentation in the RFP. Proposals are reviewed on strength of understanding of the program theory and associated activities and outcomes; manner in which the evaluation questions are addressed; and level and type of technical assistance proposed for the program's grantees. Proposals are assessed on minimum standards for evaluation methodology; use of a minimum of two sources of data; and use of appropriate techniques to answer each evaluation question. Evaluation designs also must incorporate quantitative and qualitative methods in assessment of the evaluation questions.

Beyond the minimum standards, each proposal is assessed for complexity of design and inclusion of techniques considered reasonable by the evaluation and research communities. Where experimental methods are not appropriate or feasible, quasi-experimental design is considered. The Director of Evaluation informs the MFH team about relative strength and rigor of the design tied to internal and external validity. The team considers the Director of Evaluation's recommendations, and selects the evaluation contractor.

MFH has extensive experience soliciting and selecting evaluation contracts. Currently MFH contracts with evaluators from major national universities and consulting firms including Washington University in St. Louis, Saint Louis University, the University of Missouri, Northern Illinois University, the University of Michigan, and FSG Consulting.

Budget Narrative Questions:

1. Staff on this grant does not exceed 25% of a single person's time; we recommend a single point of

contact for program coordination with an increase in the percentage of time on this program.

The budget has been revised to more appropriately reflect the needs of the SIM grant program. The Program Officer/Team Lead has been increased to 40% FTE and will be the point of contact for the Corporation and subgrantees and will coordinate the implementation of the program at MFH.

2. Modify your budget to clearly account for subgrantee monitoring in order to ensure proper management of federal funds.

The time allotted for grants management has been increased to 15% FTE to account for management of federal funds. The grants manager assigned to SIM will coordinate the management and reporting associated with the grant award.

3. Please account for federal criminal background checks for all grantee and subgrantee staff included in this budget and funded under the grant.

MFH has incorporated the costs associated with federal criminal background checks into the indirect costs associated with SIM. Subgrantees will be required to incur these expenses as part of their direct costs associated with each subgrant with MFH and this will be stated in the request for applications.

Required Documents

Document Name	Status
Match Verification	Sent

2010 Social Innovation Fund

Missouri Foundation for Health

Section 2 – Budget

MFH SIF 2010

Missouri Foundation for Health

Application ID: 10SI115969

Budget Dates: 08/01/2010 - 07/31/2015

		Total Amt	CNCS Share	Grantee Share
Section I. Program Costs				
A. Project Personnel Expenses		209,508	104,754	104,754
B. Personnel Fringe Benefits		31,494	15,747	15,747
FICA		7,898	3,949	3,949
Health Insurance		13,268	6,634	6,634
Retirement		8,774	4,387	4,387
Life Insurance		1,032	516	516
	Total	$62,466	$31,233	$31,233
C. Travel		23,656	11,828	11,828
D. Equipment				
E. Supplies				
F. Contractual and Consultant Services		400,000	200,000	200,000
H. Other Costs		1,655,572	827,786	827,786
Subgrants		1,656,674	828,337	828,337
	Total	$3,312,246	$1,656,123	$1,656,123
Section I. Subtotal		**$4,007,876**	**$2,003,938**	**$2,003,938**
Section II. Indirect Costs				
J. Federally Approved Indirect Cost Rate				
Indirect Costs		94,752	47,376	47,376
	Total	$94,752	$47,376	$47,376
Section II. Subtotal		**$94,752**	**$47,376**	**$47,376**
Budget Totals		**$4,102,628**	**$2,051,314**	**$2,051,314**
Funding Percentages			**50%**	**50%**
Required Match			**n/a**	
# of years Receiving CNCS Funds			**n/a**	

2010 Social Innovation Fund

Missouri Foundation for Health

Section 3 – Budget Narrative

Budget Narrative: MFH SIF 2010 for Missouri Foundation for Health

Section I. Program Costs

A. Project Personnel Expenses

Position/Title -Qty -Annual Salary -% Time	CNCS Share	Grantee Share	Total Amount
Vice President of Programs: - 1 person(s) at 187500 each x 5.01 % usage	4,697	4,697	9,394
Senior Program Officer: - 1 person(s) at 104000 each x 5 % usage	2,600	2,600	5,200
Program Officer (1)/Team Lead: - 1 person(s) at 73300 each x 40 % usage	14,660	14,660	29,320
Program Associate: - 1 person(s) at 54500 each x 25.01 % usage	6,815	6,815	13,630
Program Assistant: - 1 person(s) at 37515 each x 15.04 % usage	2,821	2,821	5,642
Director of Evaluation: - 1 person(s) at 93300 each x 4.99 % usage	2,328	2,328	4,656
Grants Manager: - 1 person(s) at 73300 each x 14.99 % usage	5,494	5,494	10,988
Policy Analyst: - 1 person(s) at 73300 each x 5.01 % usage	1,836	1,836	3,672
Communications Specialist: - 1 person(s) at 48000 each x 5 % usage	1,200	1,200	2,400
Program Officer (2): - 1 person(s) at 73300 each x 25.01 % usage	9,166	9,166	18,332
Vice President of Programs (Year 2): - 1 person(s) at 193125 each x 5 % usage	4,828	4,828	9,656
Senior Program Officer (Year 2): - 1 person(s) at 107120 each x 5 % usage	2,678	2,678	5,356
Program Officer (1)/Team Lead (Year 2): - 1 person(s) at 75499 each x 40 % usage	15,100	15,100	30,200
Program Officer (2) (Year 2): - 1 person(s) at 75499 each x 25.01 % usage	9,441	9,441	18,882
Proram Associate (Year 2): - 1 person(s) at 56135 each x 25 % usage	7,017	7,017	14,034
Program Assistant (Year 2): - 1 person(s) at 38640 each x 15 % usage	2,898	2,898	5,796
Director of Evaluation (Year 2): - 1 person(s) at 96099 each x 4.98 % usage	2,393	2,393	4,786
Grants Manager (year 2): - 1 person(s) at 75499 each x 15.01 % usage	5,666	5,666	11,332
Policy Analyst (Year 2): - 1 person(s) at 75499 each x 4.98 % usage	1,880	1,880	3,760
Communications Specialist (Year 2): - 1 person(s) at 49440 each x 5 % usage	1,236	1,236	2,472
CATEGORY Totals	104,754	104,754	209,508

B. Personnel Fringe Benefits

Purpose -Calculation	CNCS Share	Grantee Share	Total Amount
FICA: 7.65% of salary	3,949	3,949	7,898

Health Insurance: Calculation of cost averaged for all employees at $762.47 per month or $9150 per year per employee, which at 1.45 FTE calculates to $13,268 per year	6,634	6,634	13,268
Retirement: 8.5% of salary	4,387	4,387	8,774
Life Insurance: Calculation of cost averaged for all employees at 1% of employee salary expense	516	516	1,032
FICA (Year 2): 7.65% of Year 2 salary	4,065	4,065	8,130
Health Insurance (Year 2): Calculation of cost averaged for all employees at $762.47 per month or $9150 per year per employee, which at 1.45 FTE calculates to $13,268 per year	6,634	6,634	13,268
Retirement (Year 2): 8.5% of salary	4,517	4,517	9,034
Life Insurance (Year 2): Caluculation of cost averaged for all employees at 1% of salary expense	531	531	1,062
CATEGORY Totals	31,233	31,233	62,466

C. Travel

Purpose -Calculation	CNCS Share	Grantee Share	Total Amount
Subgrantee Assistance: Assumes 1 assistance trip each for 15 subgrantees in 1st year with 1 per diem day using blended rate of 50% CONUS ($116) and 50% MO metro average ($136) for a per diem allowance of $126 and 300 miles per trip at federal mileage rate of $.50 per mile.	2,070	2,070	4,140
Subgrantee Monitoring: Assumes 1 monitoring trip each for 15 subgrantees in 1st year with 1 per diem day using blended rate of 50% CONUS ($116) and 50% MO metro average ($136) for a per diem allowance of $126 and 300 miles per trip at federal mileage rate of $.50 per mile.	2,070	2,070	4,140
CNCS Meetings: Assumes 2 trips to Washington DC for 2 persons for 2 days using lowest available fare and average per diem for DC ($283)	1,774	1,774	3,548
Subgrantee Assistance (year 2): Assumes 1 assistance trip each for 15 subgrantees in year 2 with one per diem day using blended rate of 50% CONUS ($116) and 50% MO metro average ($136) for a per diem allowance of $126 and 300 miles per trip at federal mileage rate of $.50 per mile.	2,070	2,070	4,140
Subgrantee Monitoring (year 2): Assumes 1 monitoring trip each for 15 subgrantees in 2nd year with 1 per diem day using blended rate of 50% CONUS ($116) and 50% MO metro average ($136) for a per diem allowance of $126 and 300 miles per trip at federal mileage rate of $.50 per mile.	2,070	2,070	4,140
CNCS Meetings (year 2): Assumes 2 trips to Washington DC for 2 persons for 2 days using lowest available fare and average per diem for DC ($283).	1,774	1,774	3,548
CATEGORY Totals	11,828	11,828	23,656

D. Equipment

Item/Purpose -Qty -Unit Cost	CNCS Share	Grantee Share	Total Amount
CATEGORY Totals	0	0	0

E. Supplies

Item -Calculation	CNCS Share	Grantee Share	Total Amount
CATEGORY Totals	0	0	0

F. Contractual and Consultant Services

Purpose -Calculation	CNCS Share	Grantee Share	Total Amount
External Evaluation Contractor: Contracted external evaluation expenses to support the evaluation of SIF program and subgrantees. Estimate based on avg. of 15 subgrantees and associated evaluation requirements of SIF	100,000	0	100,000
Technical Assistance Contractor: Contracted technical assistance expenses to support SIF program subgrantees. Estimate based on avg. of 15 subgrantees and associated technical assistance requirements of SIF	0	100,000	100,000
External Evaluation Contractor (year 2): Contracted external evaluation expenses to support the evaluation of SIF program and subgrantees. Estimate based on avg. of 15 subgrantees and associated evaluation requirements of SIF	100,000	0	100,000
Technical Assitance Contractor (year 2): Contracted technical assistance expenses to support SIF program subgrantees. Estimate based on avg. of 15 subgrantees and associated technical assistance requirements of SIF	0	100,000	100,000
CATEGORY Totals	200,000	200,000	400,000

H. Other Costs

Purpose -Calculation	CNCS Share	Grantee Share	Total Amount
Subgrants:	828,337	828,337	1,656,674
Subgrants (year 2):	827,786	827,786	1,655,572
CATEGORY Totals	1,656,123	1,656,123	3,312,246
SECTION Totals	2,003,938	2,003,938	4,007,876
PERCENTAGE	50%	50%	

Section II. Indirect Costs

J. Federally Approved Indirect Cost Rate

Calculation -Cost Type -Rate -Rate Claimed -Cost Basis	CNCS Share	Grantee Share	Total Amount
: Total Direct Costs: Calculated for 2 years as 13.2% of Total Direct Costs to include general administrative expenses (Exec Mgmt, Finance & HR), occupancy, maintenance expenses, and cost associated with criminal background checks for MFH staff associated with SIF.with a rate of 13.6 and a rate claimed of 13.6	47,376	47,376	94,752
CATEGORY Totals	47,376	47,376	94,752

SECTION Totals	47,376	47,376	94,752
PERCENTAGE	50%	50%	

BUDGET Totals	2,051,314	2,051,314	4,102,628
PERCENTAGE	50%	50%	

Source of Funds

Section	Match Description	Amount	Type	Source
Source of Funds	As of 3/31/10 MFH has investment assets totalling $979.9 million, of this amount $51.7 million is currently held in cash.	828,337	Cash	Private
Total Source of Funds		828,337		